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ABSTRACT

Successful coordination of social service agencies, aimed at serving eligible families with children from the prenatal period to age 8, has been the focus of the Child and Family Resource Program (CFRP) in Salem, Oregon, one of 11 sites in this Head Start affiliated program. The Salem program also includes an infant-toddler program emphasizing parental and child development with the overall goal of building a better family unit. This report describes and evaluates: (1) goals and operational objectives of the program and its components; (2) planning, startup, and implementation of the program components (health, education, social services, and parent involvement); (3) major staff functions and qualifications and the recruitment process; (4) plan and implementation of preservice and inservice training sessions; (5) recruitment of families, use of needs assessment procedures and composition of the home visitor's family profile forms; (6) amount and quality of coordination with social service agencies; (7) materials used in the program; and (8) program cost data, arranged in table form. A general summary of this site's strengths and weaknesses is offered. (ED)

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PROGRAM DESCRIPTION

CHILD AND FAMILY RESOURCE PROGRAM

SALEM, OREGON

Under Contract No. HEW-OS-74-274

Submitted To:

OFFICE OF CHILD DEVELOPMENT
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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PS 008489

Submitted By:

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June 30, 1975

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SALEM, OREGON CFDP
CASE STUDY

INTRODUCTION

In early 1971, when the Mid Willamette Valley Community Action Agency Inc. (MWVCAA), started planning their Child and Family Resource Program, they were conducting a full year, part-day Head Start program in Salem, Oregon (this program originated in July 1964) and a full-year, part-time program in Mt. Angel, a community on the outskirts of Salem (this program originated in August 1970 and terminated in the summer of 1973). An eight-week, part-day summer program had been conducted for four years (1966-1970) but in 1970, the funding was incorporated into the full-year program. In 1973, the program served 120 five year olds, representing 115 families (total funding $142,500 with an average annual cost per child of $1,186).

Although the public school system has always been responsible for Head Start education services they have not always been responsible for the entire Head Start program. From 1966 to 1971, the entire Head Start program was delegated to the public school system. However, in 1971, the MWVCAA resumed operational control while contracting with the public school system for educational component services. As a result, during the planning period (and currently) the schools provided classrooms and indoor/outdoor recreational space, access to consultant services, audio-visual equipment, etc.

In February 1973, the Director of the Head Start program for MWVCCA was informed by the community representative from the regional office of OCD that their program was one of four regional Head Start programs selected to participate in intra regional competition for a proposed Child and Family Resource Program (CFRP) demonstration grant. The community representative provided information regarding the scope of activities and the amount of money involved. He requested that the program submit a Questionnaire/Prospectus, including a letter stating the Board's decision to make application for the CFRP grant if they were interested.

The responsibility for assessing this offer and developing recommendations for agency (CAA) participation was assigned to the Head Start staff. Their initial reaction to the proposed CFRP was that it appeared to be an expansion of Head Start activities. But, after review and discussion of the guidelines, they considered the CFRP to be the answer to a long-felt need, i.e., linking community resources to provide comprehensive services to the total family, not just the child. This consideration, based on extensive experience with Head Start, greatly influenced their decision to apply for the grant.

After the Questionnaire/Prospectus was submitted and favorably considered, full scale planning began in earnest. The initial action was a thorough agency review of the CFRP guidelines. The next step was to invite representatives from community resource agencies to participate in developing the CFRP model. On March 17, 1973, a letter was sent to 28 Directors of these agencies soliciting

their participation in a planning meeting. The letter also contained written information regarding the proposed CFAP. On April 5, 1971, the first planning meeting was held. Over half of the agencies invited participated in the meeting. After a brief orientation, participants were divided into four groups, each given to review and discuss the services already existing in the community and to plan the delivery of new services as required by the CFAP. Subsequently, these same groups held periodic planning sessions to further develop their assigned components.

Throughout these sessions Head Start staff members served as coordinators for each task group. After thorough review and discussion on a given topic, decisions were reached by consensus. Criteria for these decisions were based on experience and on what was, in their professional opinions, needed and could reasonably be provided locally under the established guidelines.

The Chairperson of the Policy Council attended nearly all of the planning sessions. In addition, individual parents worked closely with the various planning groups. The Chairperson and the Policy Council also served as a liaison keeping parents abreast of progress in program planning. This combination of parent activities provided effective parent representation in most of the planning areas.

Following the planning sessions, the final task of putting together the CFAP was the responsibility of three Head Start staff members, the Director, the Social Service Coordinator, CAP Planner and the Education Coordinator. After final review and approval by the Policy Council, the proposal was submitted on 9/15 for funding.

Planning activities* were initiated in February 1971, and continued through April 27, 1971, with submission of the program proposal to the Office of Child Development (OCD). Staffing activities began on July 6, 1971, on notification of the grant award and continued until the enrollment of the families on October 1, 1971, and the beginning of the program implementation phase.

A description of the program is presented below with each of the following areas discussed separately:

- objectives;
- program components;
- staff;
- training;
- individualization;
- coordination;
- materials;
- costs;
- key program implementation factors.

In each section the discussion is divided into two parts: Program Planning and Startup, and Program Implementation.

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* The Head Start concept program planning as an integral and continuous aspect of Head Start implementation. As a result, although the bulk of planning is documented to particular program identification chronologies, some planning occurs

[illegible]

A. [illegible]

1. [illegible]

[illegible] Basic Needs Basic program is guided by planning, discussion and the participation of all agencies concerned and members of the community in the design of the CHWP. The planning process included the design of program components and basic staffing and training requirements, the design of a system for assessing the needs of program beneficiaries and monitoring project impact, and to the establishment of workplans and a system for coordinating and linking components, resources to avoid duplication of services within, allowing a variety of programmes and services for beneficiaries and their children.

Although discussions were underway to develop modalities and accept the government as an implementing agency were made during meetings. [illegible] was the necessity to demonstrate the benefits of the CHWP implementation at the national conference in Geneva, Hungary, in July 1975, where it was announced that the CHWP evaluation would be supported and provided by the National Office. This information encouraged the Geneva CHWP Unit, providing two evaluation committees and the national implementation efforts can commence and experiment.

However, since they had presented to their programme that they would undertake certain and cooperate with any request made of them in connection with the evaluation effort programmed by WHO, they in agreed their integration. Their arrangements was not without many disappointments because they thought their evaluation model could have been helpful in making future programs and administrative decisions.

Other programs areas that the staff felt were not sufficiently addressed in the planning process were: the type of trainee to use and the level of attention time to gather for the twenty month assessments before through the other activities within Basic Needs budget planning, and Commencement of program administration.

In designing the Geneva CHWP, the government developed a number of objectives for Basic programs. All Basic Basic primary objectives was to identify agencies concerned and members of the community in the design of the CHWP. The programme objectives was also during the planning and during phases in assessing Basic original primary objectives. Also objectives that were more programmatic and specific to actions involved and involves as designed part of Basic ongoing program planning process and provided direction to Basic program implementation. These included the:

- design of program components
- design of program staffing and training plans

[illegible]

- [illegible]
- [illegible]
- [illegible]

[illegible]

9. [illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]

[illegible]

1. [illegible]

[illegible]

- Leisure Club -- special time scheduled for activities for toddlers and 3-5 year old children supervised by staff, thus freeing the parents for some leisure time to associate with each other;

- CFRP Family Seminars -- child care services to allow interested parents to participate. Topics include behavior modification, play therapy, hyperactivity, adult and family counseling, etc.; held weekly;

- Rainy Day Workshop -- things to do with children on rainy days; and

- GED classes -- meets twice weekly.

Most activities in this program are open to all family members but the women have traditionally been much more involved than the men. The program staff and some parents had been concerned about this situation and in early 1975 a Father's Club (called Right Arm) was formed. It was organized in response to their feelings that too many CFRP activities were female oriented. This group, organized by fathers, is involved in renovating classrooms, building furniture, planting a community garden, providing recreational activities and supervision for fatherless children, and planning family camping activities. One goal of this group is to incorporate and go into business for profit (to the members, not CFRP).

3. Health Services

The Health Services Coordinator is a public health nurse whose salary is provided by the CFRP with fringe benefits paid by the Marion County Public Health Service. In terms of time spent on the program, she is considered a full-time Head Start/CFRP staff member. In effect, the County Health Department is subsidizing 20% of her salary.

The Health Services Component is very task oriented with the primary objectives to meet the combined health performance standards and guidelines of Head Start and CFRP. This involves:

- assure all children have physicals;
- assure that all referrals are made and followed up;
- assure that all dental work is accomplished;
- make classroom visits to provide relevant teaching and followup;
- make home visits to provide training/counseling to parents; and
- conduct immunization and WIC clinics.

The Health Coordinator works closely with the Family Advocates in the area of followup, home visits, and center health related activities to avoid duplication of efforts as well as assuring that referral services were satisfactorily rendered. A factor encouraging this close working relationship with the Advocates is that the Health Coordinator has no staff assigned directly to her, consequently she must work with the

Advocates. In addition, she also serves as a member of the assessment team and is responsible for preparing, assembling, and interpreting (when necessary) the medical data required for the needs assessment process.

The majority of the services provided by the Health Component are referrals (interfacing and coordination) to appropriate community agencies. Some of the major agencies and the services they provide include:

- Marion County Health Department -- provides all physicals, laboratory work, immunization for Head Start children and other eligible family members;
- University of Oregon Medical School -- provides service in cases of acute and/or chronic illnesses, special referrals and therapy, hearing and bone conditions;
- "City of Love" Clinic -- free clinic for parents who cannot otherwise see a doctor;
- Crippled Children's Services -- handicapped services, referrals, followup, and reassessment.

The Health Services Coordinator, assisting the CFRP Director, has developed sound relations with the health services delivery system in Marion County. The one chronic problem they have experienced is dealing with private physicians in attempting to provide special or unique services. In the case of the whole range of dental care, this is a problem area that has continually bothered the program staff.

In summary, CFRP Health Services are provided primarily on a referral basis with the necessary preparation and coordination, provided by the Health Services Coordinator. The fact that she is still considered a staff member of the County Health Department has contributed to the close cooperation, communication, and understanding between the two agencies.

4. Education (including the Infant/Toddler Program)

a. Head Start. -- The Education Coordinator serves both CFRP and Head Start. This component is directed towards getting total family involvement in the learning process of children. This involves:

- building parent skills in working with children (including training); and
- providing Head Start and Day Care programs for children.

The Education Component has been enlarged since the planning and startup phases. The Head Start classes were expanded to include three and four year old children and an Infant/Toddler program was added to serve the 0-3 year old children. In addition, the Oregon College of Education (located 20 miles west of Salem at Monmouth, Oregon) provides training for teachers of children with physical and learning handicaps.

The CFRP children who attend Head Start receive the identical classroom services as non-CFRP Head Start children. However, due to the nature of the CFRP, a great deal of the work with families and the home visits is assumed by the Advocates. The result of the families' participation in CFRP has led to an expansion of the range of services provided and the mode of delivery. However, it is difficult to determine where CFRP education services blend and/or differ with Head Start services. This distinction is not considered of critical importance by either the education staff or other CFRP staff. What is important and receives attention is the coordinating effort between the classroom teachers and the family advocates in order to identify and deliver the necessary services to both children and other family members.

b. Infant/Toddler Program. -- This part of the program is a major addition to the CFRP in general and the Education Component in particular. The sequence of events that led to a comprehensive infant/toddler program include:

- September 1973: a drop-in center for children aged 0-3 provided occasional child care facilities. The only regular activities were home based.

- April 1974: a toddler program was initiated providing both center and home based services to children. There were no services available to parents.

- December 1974: a toddler-parent group was initiated which provided formal services for parents of the toddlers enrolled in the program.

- January 1975: infant and infant-parent group services were initiated providing a range of services to both the infants and their parents.

The objectives of the infant/toddler program are directed to parental and child development with the real goal being a better family unit. The basic premise of the infant/toddler staff is that the parent is the primary influence in a child's life; consequently, they concentrate on activities for parents that emphasize the learning influence and positive aspects of parenting. The staff contends that developing

positive feelings of self worth and accomplishment in parents is critical to a successful infant/toddler program. Of lesser importance are efforts to create enthusiasm in parents to work with children in learning activities by providing a comfortable environment and adequate resources.

In providing services for the infants and toddlers they seek to offer children a variety of experiences and allow them freedom to explore the environment within certain described limits. They want children to become aware of their feelings and provide a positive outlet for these feelings. The program also provides training in socialization and teaches children responsibility for their actions. On a more basic level, the program also provides food supplements.

There is no similar delivery system of infant-toddler services in the community. The above described services are provided by the CFRP staff including the two infant/toddler professionals, the Advocates, and other support personnel. Agency referrals are minimal. However, the staff members feel that they can call upon any community agency to provide technical expertise or materials that may be required. The program was relatively new in the spring of 1975 and the staff members felt that as more program experience is gained there will be increased understanding, cooperation, and coordination with various community agencies.

The two infant/toddler staff members work in the center. Family Advocates make home visits to followup curriculum activities. This arrangement is consistent with their expressed goals of working with the entire family unit. Family participation in this part of CFRP is the result of the individualization of services. The close coordination between the infant/toddler staff and the Advocates is assisted by Advocates attending infant/toddler activities when members of their assigned families are participating. Also, a number of staff training activities are designed to include the two staffs.

III. STAFF

A. Program Planning and Startup

As the planners developed the Salem CFRP model they identified a critical element of their service delivery system, i.e., the role of the Advocate. Their planning model required Advocates who would be experienced, trained, and emotionally prepared for the duties and responsibilities inherent in the position. They were unclear, however, as to whether or not Head Start standards would apply to qualifications (i.e., hiring of non-professionals) for this position; if so, their basic planning approach would have to be radically altered. They sought clarification on this point from the regional staff. The Salem planners understood the regional response as encouragement to continue with their initial model.

The Program Director was the key person responsible for planning this function. After outlining the number of staff to be hired, their qualifications and background, she met with key Head Start staff and parent representatives to review and finalize the selection process.

After the award of the grant, the staff configuration developed during the planning phase was implemented as planned. The CFRP was guided in this action by a professionally prepared and administered personnel program provided by the CAA, which involved advertising position openings. Overall, 300 applications were received, and 225 were screened and interviewed in groups (eight applicants per group) by teams composed of one Head Start staff member and one Head Start parent. This screening narrowed the field to 21 qualified individuals of which four were selected as Family Advocates by a board composed of four Head Start staff members and three Head Start parents. Also, a Head Start staff member was promoted, from within, to serve in a like capacity. Additionally, recruitment and hiring efforts were closely coordinated with the school district for placement of school district employees who could serve the program. Throughout the process close adherence to affirmative action hiring practices were followed. The one modification made in this activity during the startup phase was that recruitment and hiring was conducted a month earlier.

The staff members assembled under the above system were given the following general responsibilities. Each person's experience for the position is also indicated.

1. Project Director.-- Overall responsibility for the administration and supervision of the program. She is also the Director of the Head Start program. She devoted 50% of her time to each program.

   Experience: BA degree in Psychology. Eight years of social work experience in child welfare and Head Start. Three years experience in administration of early childhood programs and a broad knowledge of the community as a result of 15 years involvement in professional and civic activities.

2. CFEF Coordinator -- Overall responsibility for the day-to-day operation of the program. Her major responsibilities are in: staff training and supervision of Family Advocates and the assessment team in the delivery of services and agency coordination. She devoted 100% of her time to CFEF activities.

Experience: MA degree. Eight years teaching experience in Stanford University Pilot Project School. One year experience as Coordinator of the Social Services Component for Head Start. Extensive experience in group dynamics and has planned and conducted training workshops for teachers and parents in a variety of areas.

3. Office Manager -- Overall responsibility for general office workload and supervision. She devoted 50% of her time to CFEF and 50% to Head Start.

Experience: Extensive experience in secretarial and office managerial positions.

4. Teacher Supervisors (2) -- Responsible for teacher training and day-to-day supervision of Head Start teachers. They also provide training and supervision to Family Advocates in home teaching, and serve on the assessment team.

Experience: Possessed teacher credential. Extensive experience in teaching youngsters for the public school system and Head Start.

5. Education Coordinator -- Overall responsibility for the Education Component. Her duties include: planning, training, supervision, coordination with the public schools. She devoted 40% to Head Start, 20% to the school district, and 40% to CFEF.

Experience: MA candidate in Early Childhood Education. Four years experience as Head Start Coordinator, seven years teaching experience in Head Start and other preschool programs for the disadvantaged.

6. Family Advocates (5) -- Serve an advocacy role for enrolled families, serve as a member of the assessment team, and coordinate all available resources in the community. Additionally, they serve as teachers in the home under the supervision of the Head Start Teacher Supervisors.

Experience: A wide variety of experience and training in working with children and adults in a helping and/or teaching capacity. Abilities in building trust relationships involving ability to listen, maintain confidentiality, and demonstrate professional judgment about appropriate use of resources. Above all, they are able to demonstrate warmth and acceptance for a wide variety of human concerns. The Advocate was to serve as both accepting friend and resource person to the family. Part of the Family Advocate role was to help the family identify their strengths and capabilities, reinforce these, and make it possible

for the family to share their strengths and abilities with other program participants. One of the major tasks of the Family Advocate was to gather information from family members about their present and current situation as a center of roles. What needs to be met, identified and prioritized by the family and the Family Advocate, in accord with the areas that were established. The purpose of the meeting between the family together with the Family Advocate and a group of peer and professional consultants was to plan an individualized program of services based on the needs of the family and objectives as indicated by the needs assessment process.

b. Program Implementation

Changes were made in staffing during the first year and a half years of program implementation. Perhaps the most significant of these was the reevaluation of the role of the Family Advocates. Rethink recently the Family Advocate the key to their program. The first 18 months of program implementation demanded increasingly comprehensive professional work by the Advocates. This was reflected by the movement and degree to which the Advocate was involved as an result of the program service delivery system discussed in other sections of this case study.

During planning of important program role for the Advocates was developed in developing the Advocate role, the planners were working under a definite handicap, i.e., no actual program experience as to how a job approach could work. Thus, while the role of the Advocates was to obtain considered important, just what that role would be in actual programs to implementation conditions was uncertain and left flexible to their job description. This situation is graphically demonstrated by the fact that the original job descriptions indicated professional qualifications but the salaries were at a non-professional level.

The Advocates general unfamiliarity to the programs and particularly program confidence in the Advocates' role in have contributed both the job descriptions. In addition, the original salary inadequacies to have been corrected and the salaries are now more in line with the responsibilities

[illegible]

[illegible]

V. INDIVIDUALIZATION

The planners considered two activities as the most important elements of the broad program area of individualization. The first was recruitment; the second was a needs assessment procedure.

A. Recruitment of Families

1. Program Planning and Startup

The planners assigned the CFRP Coordinator full responsibility for assisting and providing direction to the Family Advocates in carrying out this activity. The major emphasis was to be on door-to-door recruitment in the target area. The Advocates were to be thoroughly familiar with the target area and use city maps to organize and coordinate this knowledge with addresses of low-income families referred from the Welfare Office and other agencies to initiate the recruiting drive. The same procedures used in recruiting for Head Start would be utilized, namely, program publicity and distribution of applications to community agencies and to homes through the elementary schools; publicity through news media, television and radio; placement of applications at public gathering places; and referrals from other agencies.

During startup, an adjustment was made in the criteria for enrollment of families new to Head Start. As suggested by OCD, low-income families were selected rather than those meeting Head Start local criteria, i.e., those with special problems received preference. They felt this would provide the program with a diversity of participant families and a wide range of family problems.

2. Program Implementation

The original recruitment methods were considered successful and the staff felt comfortable using them. Consequently, there has been no change in the family recruitment procedures. In the spring of 1975, they were still recruiting* via:

- word-of-mouth referrals;
- agency referrals; and
- Head Start referrals.

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* Because the program is now known in the community and there are relatively few openings, door-to-door recruitment has not been necessary since the summer of 1973.

The criteria for recruitment and selection for the program has not undergone any change from the general guidelines developed by the planners. However, program experience has influenced the priority with which these guidelines are applied. The recruiting criteria used during the winter-spring months of 1975 were:

a. at least one child age four or less in family;
b. an expressed willingness to work with the program and the staff;
c. meeting income eligibility requirements; and
d. careful selection of families to avoid over-loading program capacity with too many families with serious multiple problems.

These criteria are basically preliminary recruitment guidelines. A family is not formally enrolled in the program until a thorough explanation of the program has been presented, the income and legal eligibility is documented, and other administrative intake procedures are accomplished. However, one criteria that the entire staff feels cannot be waived (other than legal criteria) is "willingness to participate in the program."

B. Needs Assessment Procedure

1. Program Planning and Startup

The planners developed the needs assessment procedures with the community agencies and family representatives. These agencies were represented on the planning task force and had particular input regarding specific information that should be included in the procedure. The planning staff, in a number of group meetings with families, discussed these technical points and explored various family ideas and suggestions in order to develop acceptable procedures. After these meetings, a large planning meeting was the forum for the staff to present the results of their efforts and the inputs from the agencies and families. The procedures were then explained and after general discussion they were made part of the final planning document.

2. Program Implementation

The key for individualizing the services for family members is the needs assessment procedure. This is a carefully orchestrated procedure that culminates with a formal written agreement between the family and the CFRP where each party explains in writing what courses of action will be followed, who is responsible for such action, and why such action is necessary. Therefore, an understanding of the needs assessment provides a clear picture of how the CFRP individualizes

services to the participating families. This system has the following major implementation milestones:

a. After a new family has been recruited or referred the CFRP administrative aide visits the family, explains the program and needs assessment procedures, and answers any general questions the family might have about the procedures.

b. Arrangements are made for Head Start children, who are not currently enrolled, to attend some Head Start classes for observation by teaching staff. In the case where there are no Head Start children arrangements are made for observation of the children, age 0-3 years, either in the center or in the home. The purpose of this observation is an attempt to determine the general range and scope of the children's problems and with what situation the parents need to cope. During this time the Family Advocate assigned to the family begins to gain the family's confidence and establish rapport.

c. The Advocate and center staff familiarizes parents with the facilities; the parents visit and tour the center, meet teachers, and are introduced to key CFRP staff.

d. Coincidentally with the above three steps the Advocate with assistance from the administrative aide prepares the family history. The completion of this form requires that the Advocate obtain a great deal of information about the family. Since some of the information is confidential, the program assures confidentiality. The technique for completing this form varies among the Advocates; some take it with them on home visits and work on it directly with parents, others complete the form after the visits. (This form is attached as Enclosure 1 for information; only the information requests are reproduced, while the space for the actual data has been eliminated to save space.)

e. While the Advocate is developing rapport and gathering the family history, the Health Coordinator arranges with the Marion County Health Department for pediatric health evaluation (including history, immunization status, vision, hearing, growth screening, urinalysis, hemoglobin, physical, and dental exam) for all CFRP children enrolled. Evidence of completion of this health evaluation is used in the first assessment meeting, Step h.

f. The Health Department or the Advocate completes developmental testing (Boyd or Denver) on each child prior to the first assessment meeting.

ENCLOSURE 1

SALEM CFRP

Adult History

Form A

(family name) _____ (date) _____

(individual name) _____ (relationship to children) _____

In narrative form, please summarize significant information about this individual's life including: childhood, relationships with parents and siblings, schooling, health, past employment, important relationships with other adults.

DESCRIPTION OF CURRENT FAMILY

Form B

(family name) _____ (date) _____

Describe below each member of the family including physical description, indicators of self-concept, strengths, problems, attitudes. Be as specific as possible.

OBSERVATION OF CHILD

Form C

(name) _____ (observer) _____ (date) _____

Description of observation setting:

Number, length, and dates of observations:

Describe child's physical appearance, speech patterns, behavior with other children, observed motor skills, any other significant information:

CURRENT FAMILY DESCRIPTION

Form D

(family name) _____ (date) _____

1. Describe living situation, housing, neighborhood, safety and sanitation factors regarding children, etc.
2. Describe family interaction, roles of each family member, areas of stress.
3. Where does this family turn for support -- neighbors, relatives, agencies, each other, none?
4. Are there family health problems? Describe:
5. Is either parent employed or in training? Describe. How is child care being handled?
6. Describe child rearing styles, methods of discipline, rewards, rules and responsibilities for children, problem areas:
7. What are the parent's comments and observations about their children? What are their special concerns?
8. If either parent is absent from the home, how has this affected the children?
9. How does this family (individually and collectively) use time?
10. How does this family use money?
11. What kind of transportation does the family have available?
12. Describe the family value system. What is most important to them?

ENCLOSURE 1 --cont.

PRIORITIZATION OF NEEDS Form E

(family name) (date)

1. What are the major areas of family stress?

2. What are the major strengths of the family?

3. List the family's needs in priority (theirs):

4. Are there overriding concerns that the family can't deal with at present?

g. The Advocate then arranges a preassessment meeting at the home. In this meeting the full assessment procedure is explained and all questions answered; the role of the Advocate is reviewed; a time and date is mutually agreed to concerning the assessment meeting; personnel from other agencies whom the family wishes to attend are identified so they can be invited to participate in the assessment; and the preassessment form is administered. The preassessment form is the basic document used in the assessment meeting. It identifies family members and then develops specific information on the individual family members. In the program categories of Health, Education, Life Support Services, Recreation, and Goals, current needs are identified for all family members. Readiness to meet with the assessment team is determined when family is prepared to present at least one need to the program. Transportation and child care is arranged if necessary to facilitate family attendance at the assessment meeting.

h. The assessment meeting is a meeting between the family and a group of staff and professional consultants (depending upon the preassessment information indicators) to plan an individualized program of services based on the needs of the family and children as indicated by the needs assessment process.

Each family has an opportunity to participate in at least two assessment meetings per year, one in September and one in April or May. Length of time set for the meeting is one hour and fifteen minutes: ten minutes for team preparation, fifty minutes with the family, and fifteen minutes for team wrapup if necessary.

Content of first meeting:

- presentation of needs assessment data;
- discussion about current family situation and present needs;
- priority of family needs;
- negotiation for services to be received;
- identification of who is responsible for what service and when it is to happen;
- negotiation of family's responsibility to program; and
- explanation of signed program plan.

Participants - Key participants are as follows:

- all adult family members;
- CFSF Coordinator (Chairman);
- Family Advocate; and
- administrative aide (records proceedings).

Service participants include:

- Health Coordinator;
- Children's Services Division Consultant or assistant teacher;
- Head Start teacher;
- Nutritionist; and
- Mental Health Consultant.

Optional participants include:

- members of extended family;
- elementary teacher or counselor;
- K-3 specialist;
- other agency personnel; and
- other professionals as needed.

Additional Assessment Meetings

Content of subsequent meetings - The second and all additional assessment meetings contain the above elements. In addition, they may include the following:

- family's evaluation of services received to date;
- focus on a three-year plan (or one or two years) if others the family would like to be in the future;
- discussion of "annual plans," e.g., plans for the summer or for the coming school year; and
- additional assessment (meetings should include an "update" of data, e.g., child's achievements in Head Start) or placement(s) added.

When assessments - The CFSF Coordinator designates the day a month for assessing families just entering or leaving the program, or for family crises situations in which an assessment may appear to be deemed beneficial.

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VIII. PROGRAM COSTS

Consideration of several program factors contribute to a better understanding of total program effort and purpose. Other sections of this case study deal with the more process oriented features of the program. This section focuses on program costs.

Part of the national CFRP information reporting system included a comprehensive cost data collection effort. The period covered by the data presented in this section is October 16, 1974, through January 15, 1975, a three-month period during the second funding year. The special summary graphs and cost data tables presented here were developed in a manner to indicate how and to what extent the program categories were supported. This cost data, collected for the period mentioned above, is represented by the following categories:

- total value of all program services provided during the study period;
- total value of General Health services provided during the study period;
- total value of Mental Health services provided during the study period;
- total value of Nutritional services provided during the study period;
- total value of Handicapped services provided during the study period;
- total value of Educational services provided during the study period;
- total value of Social Services provided during the study period;
- total value of Parent Involvement during the study period;
- total value of Staff Training during the study period; and
- total value of program Administration during the study period.

By reviewing each summary graph, the objectives addressed by each programmatic category, and each cost data table, it can be determined what resource was utilized by the program, the total dollar value of services provided by each resource, and the purpose for which the resource was utilized. Complete cost data for each of the above ten categories are presented individually on the following pages. Each category is presented in three parts, which include:

- a graph which summarizes cost data within each category;
- a list of program objectives relevant to each of the nine programmatic categories; and
- a cost data table which includes a comprehensive breakdown of cost within each category shown in each graph.

A. Summary Graphs

The graphs summarize cost data relevant to each category. In addition to indicating the dollar value of services provided by the program during the study period, each graph indicates the percent of the total categorical value each figure represents.

The first graph indicates the total value of all services provided by the CFR Program during the study period. It also indicates the dollar value and the percent of the total value for each programmatic category.

All other graphs in this section summarize (by resource utilized) the dollar value of services provided by the program during the study period for each of the nine programmatic categories.

B. List of Program Objectives

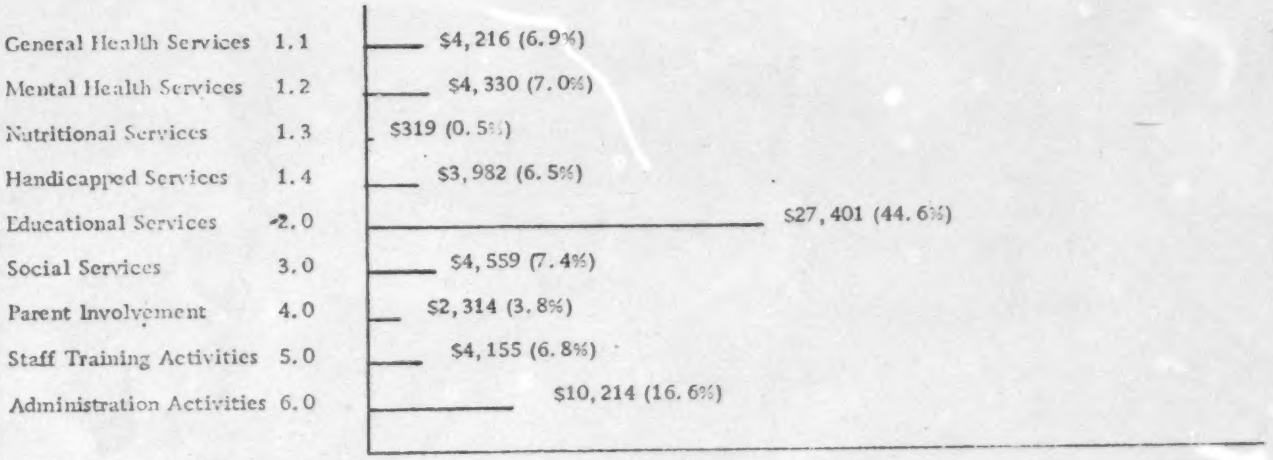
Each of the graphs which summarize the dollar value of services provided within a programmatic category is followed by a list of program objectives addressed by the category represented.

C. Cost Data Tables

Cost data tables are also provided for each graph presented in this section. Each cost data table indicates the type of resource utilized by the program to provide services within the category and the dollar value of services provided by this resource. In addition, the table indicates, by line item, how the dollar value from each resource was utilized.

SALEM

TOTAL VALUE OF PROGRAM SERVICES BY CATEGORY



Total Program Value for All Categories: $61,490

TOTAL COST DATA FOR Salem
Program

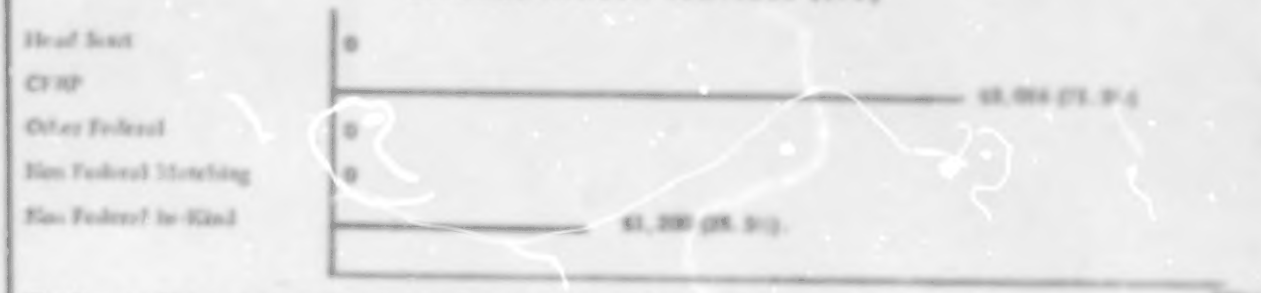
Program Cost Report

Report Period: From ____/____/____ to ____/____/____

OMB No. 68-R-76113
Approval Expires: 30 June 1976

Item	Direct Cost				Other Cost A		Other Cost B		Total			
	Fixed		Variable		Fixed	Variable	Fixed	Variable	Fixed	Variable	Total	
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1. Personnel												
Salaries and Wages			25,601								25,601	
Fringe Benefits												
Consultants (salaried)	8,494		1,855						4,226		14,575	
Volunteers			101						2,571		2,672	
2. Facilities												
Space	2,899		175						5,571		8,645	
Equipment			587								587	
Furniture			269								269	
3. Staff Training												
4. Materials (Reusable)			453						2,150		2,603	
5. Consumable supplies												
Food			40								40	
Other (specify)	987		367						1,080		2,434	
6. Contract Services (Specify)			1,879						1,200		3,079	
Medicaid Payments												
7. Travel	600		335	14					36		971	14
TOTALS	12,980	-	31,662	14	-	-	-	-	16,834	-	[illegible]	
Grand total allowable indirect costs	12,980		31,676		-		-		16,834		61,490	

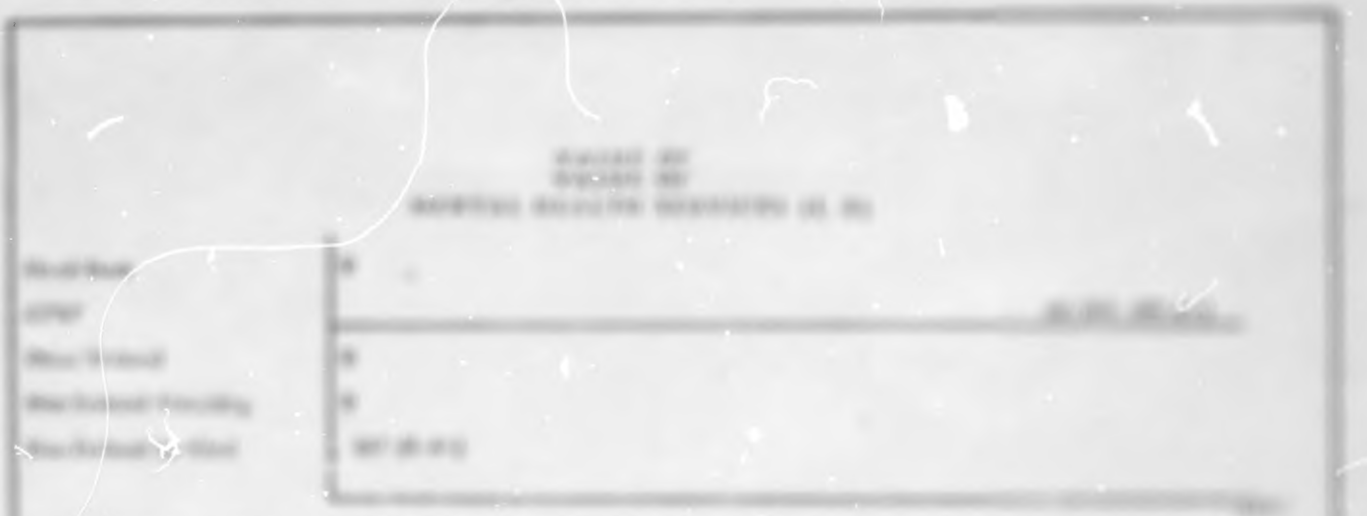
VALUE OF
GENERAL HEALTH SERVICES (U.S.)



Total: $4,21[illegible] 6.9% of Total Program Value for Period

The total dollar value (from all available measures) of General Health Services provided by the Salem CFDP program is presented in the graph above and reflects program services which achieve the following objectives:

- provide a comprehensive health services program which includes a broad range of medical dental services to preschool children, to assist the child's physical, emotional, cognitive, and social development toward the overall goal of social competence;
- promote preventive health services and early intervention;
- provide the child's family with the necessary skills and insight and education attempt to link the family to an ongoing health care system to ensure that the child continues to receive comprehensive health care even after leaving the program.



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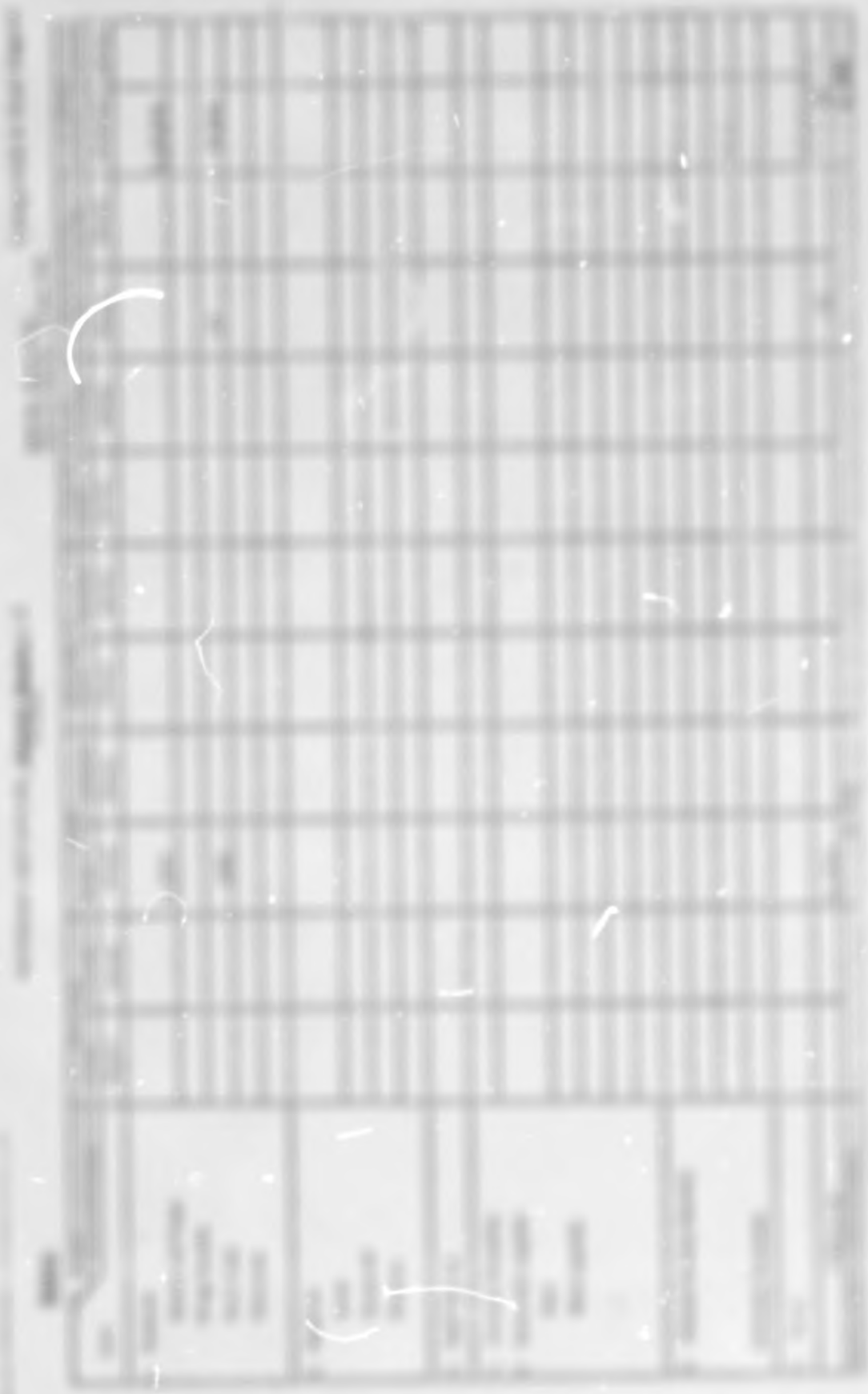
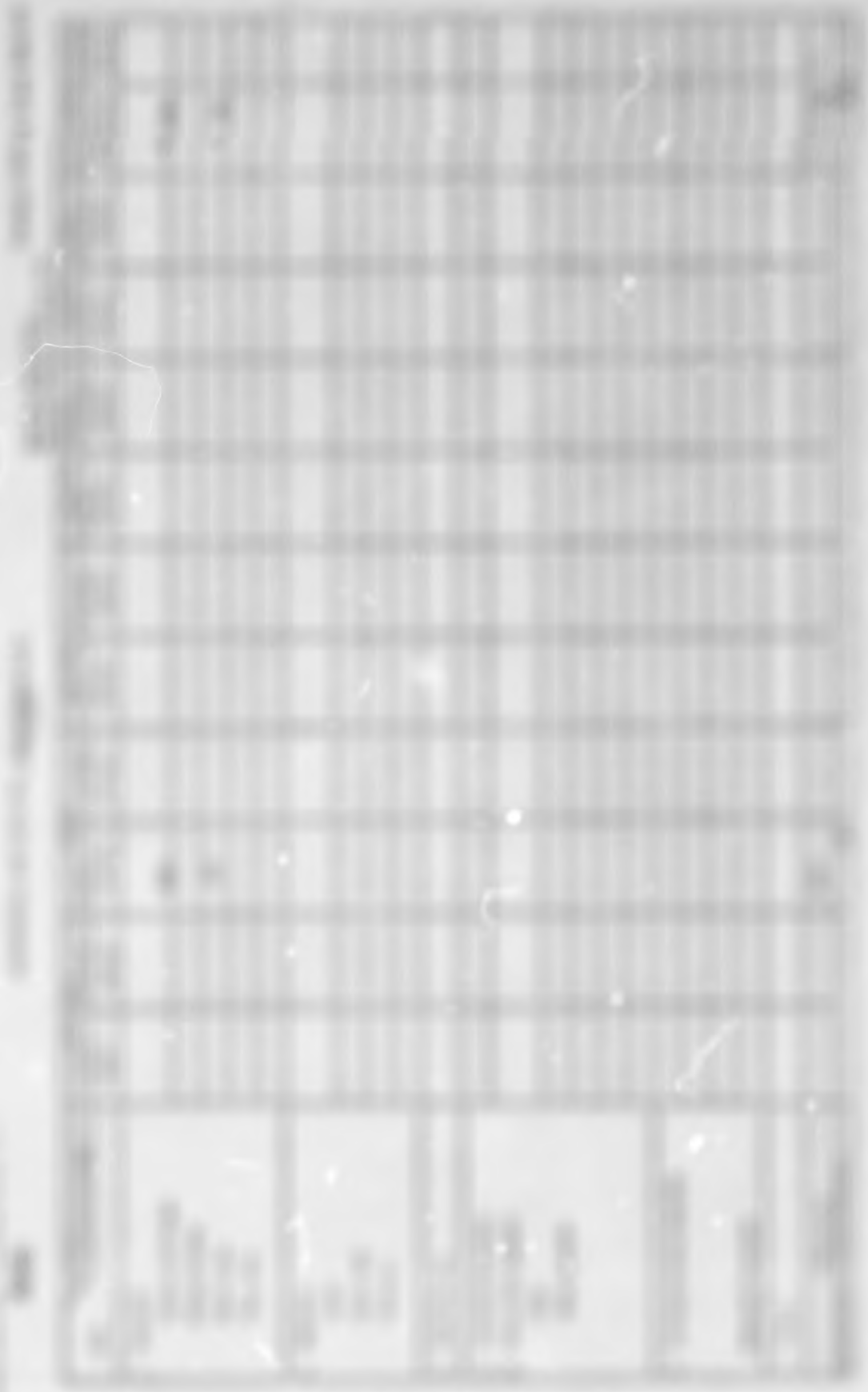
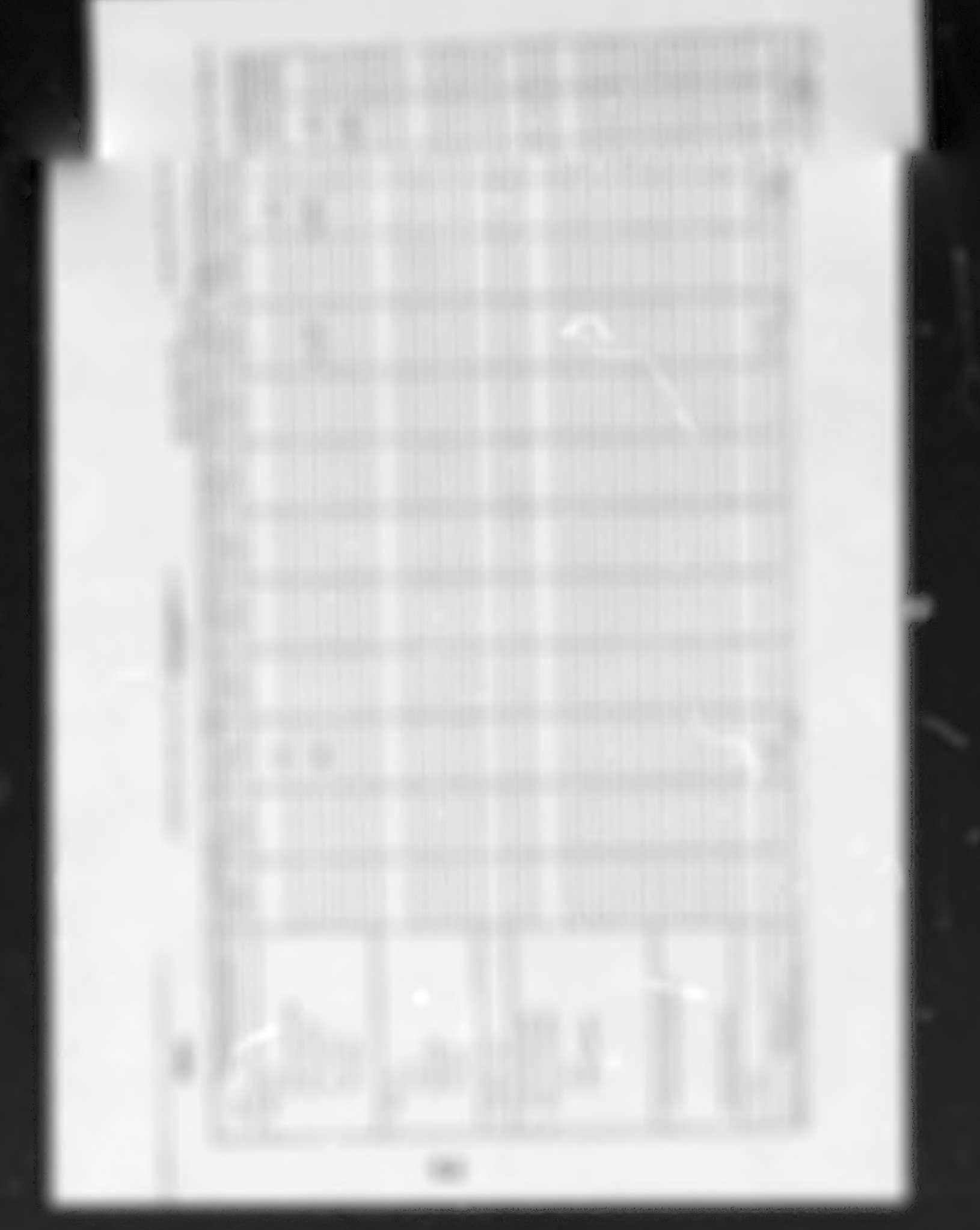
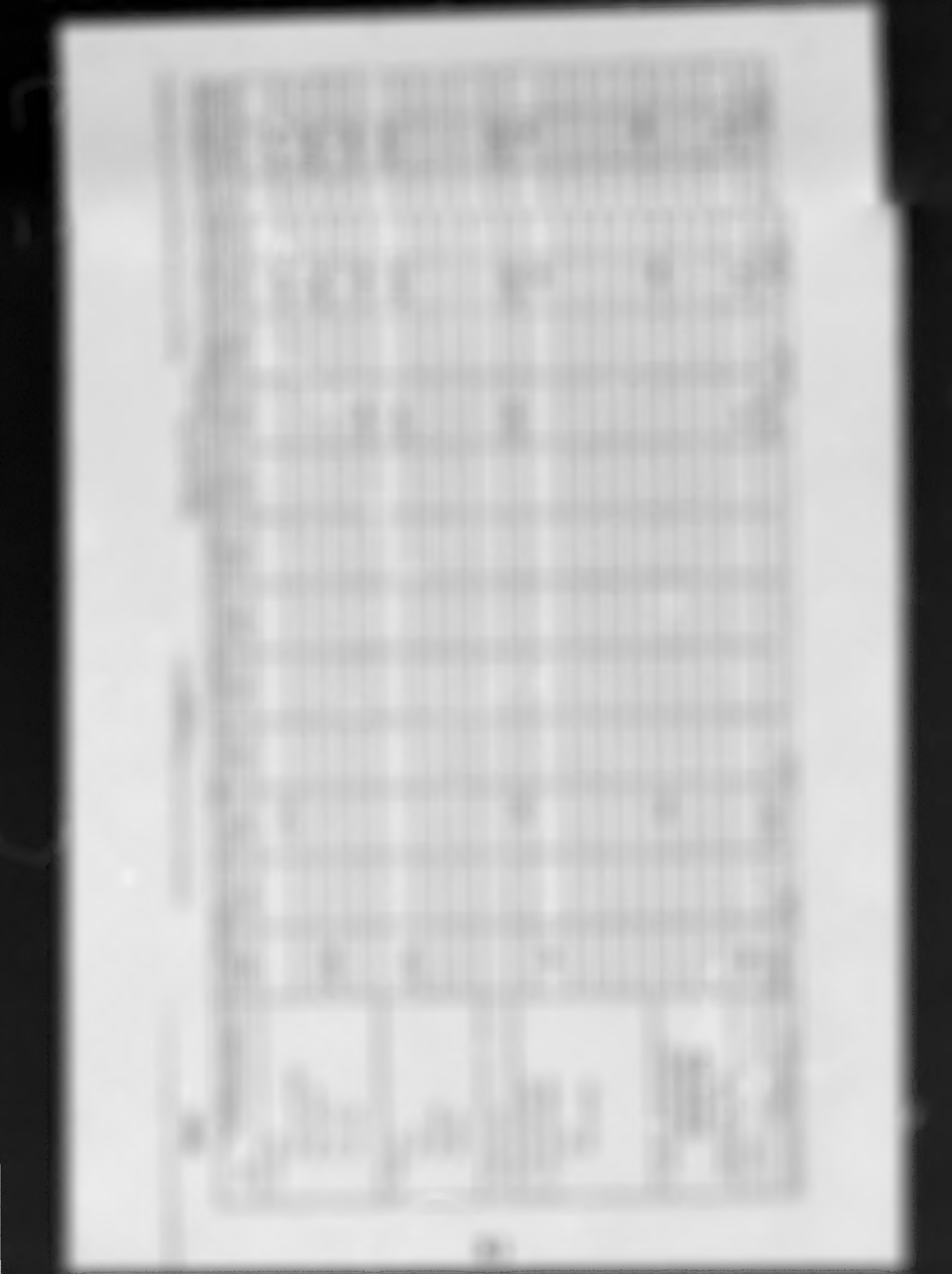
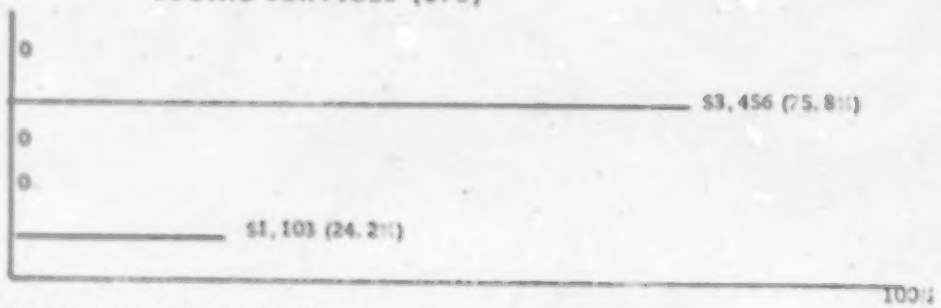








VALUE OF
SOCIAL SERVICES (3.0)



Totals: $4,559 7.4% of Total Program Value for Period

Figures depicted in the graph above indicate the total dollar value (from all available resources) of program services by Salem CFRP during the study period which addressed the following objectives:

- establish and maintain an outreach and recruitment process which systematically insures enrollment of eligible children;
- provide enrollment of eligible children regardless of race, sex, creed, color, national origin, or handicapping condition;
- assist the family in its own efforts to improve the condition and quality of family life; and
- make parents aware of community services and resources and facilitate their use.

Salem

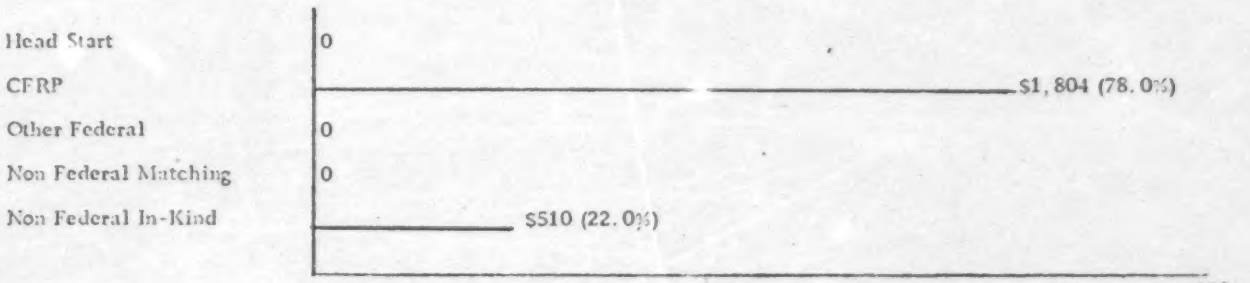
CATEGORICAL COST DATA FOR Social Services 3.0
Category

OMB No. 025-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

Item / Source / Fixed or Variable	Head Start Fixed Amount	Head Start Variable Amount	CFRP Fixed Amount	CFRP Variable Amount	Other Fed. * Fixed Amount	Other Fed. * Variable Amount	Non-Fed. Matching* Fixed Amount	Non-Fed. Matching* Variable Amount	Non-Fed. In-Kind* Fixed Amount	Non-Fed. In-Kind* Variable Amount	Totals Fixed Amount	Totals Variable Amount
1. Personnel			3,456								3,456	
Salaries and Wages												
Fringe Benefits												
Consultants												
Volunteers									23		23	
2. Facilities												
Space												
Equipment												
Furniture												
3. Staff Training												
4. Materials (Reusable)												
5. Consumable supplies												
Food									1,080		1,080	
Other (specify)												
Shoes/Jackets												
Xmas Trees												
6. Contract Services (Specify)												
Medicaid Payments												
7. Travel												
TOTALS			3,456	-					1,103	-	GRAND TOTAL	
Grand total amounts from each source:			3,456						1,103		4,559	

VALUE OF
PARENT INVOLVEMENT ACTIVITIES (4.0)



Total: $2,314 3.8% of Total Program Value for Period

The graph above indicates the total dollar value (from all available resources) of Parent Involvement Activities by the Salem program during the study period. Parent Involvement activities are described for the purpose of this study to be those activities which addressed the following program objectives:

- provide a planned program of experiences and activities which support and enhance the parental role as the principal influence in their child's education and development;
- provide a program that recognized the parent as:

  (1) responsible guardians of their children's well-being;
  (2) prime educators of their children;
  (3) contributors to the program and to their communities;
- provide the following kinds of opportunities for parent participation:

  (1) direct involvement in decision making in program planning and operations;
  (2) participation in classroom and other program activities as paid employees, volunteers, or observers;
  (3) activities for parents which they have helped to develop;
  (4) working with their own children in cooperation with the staff;
- achieve parent participation in the center and home program and related activities;
- involve parents in educational activities of the program to enhance their role as the principal influence on the child's education and development;
- assist parents to increase knowledge, understanding, skills, and experience in child growth and development.

Salem

CATEGORICAL COST DATA FOR Parent Involvement 4.0
Category

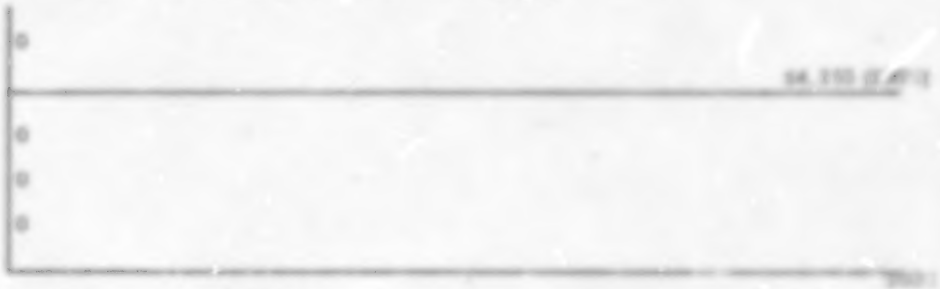
OMB No. 085-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

Item	Sponsor / Type of Variable	Head Start		CSBG		Other Fed.		Non-Fed. Matching		Non-Fed. Income		Totals	
		Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable
		Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1.	Personnel												
	Salaries and Wages			1,725								1,725	
	Fringe Benefits												
	Consultants									510		510	
	Volunteers												
2.	Facilities												
	Space												
	Equipment												
	Furniture												
3.	Staff Training												
4.	Materials (Reusable)												
5.	Consumable supplies												
	Food			40								40	
	Other (specify)			25								25	
	(Material for puppets)												
6.	Contract Services (Specify)												
	Medicaid Payments												
7.	Travel				14								14
	TOTALS			790	14					510	-		
	Grand Totals from each Column			1,804						510		2,314	

58

VALUE OF
STAFF TRAINING ACTIVITIES ($,'s)



Total: $4,155 6.8% of Total Program Value for Period

The graph above indicates the total dollar value (from all available resources) of staff training activities the Salem program conducted during the study period. For the purpose of this study, staff training activities include formal and informal staff meetings, workshops, retreats, demonstrations, work conferences, laboratory, clinics, and field experiences; training in the use of various cooperative arrangements with nearby projects, and regional and staff institutes.

VALUE OF
STAFF TRAINING ACTIVITIES (S.T.)

Total: $0,000 0.0% of Total Program Value for Period

The graph above indicates the total dollar value (from all available measures) of staff training activities for future program conducted during the study period. For the purpose of this study, staff training activities include formal and informal staff meetings, workshops, seminars, demonstrations, work conferences, laboratory, clinical, and field experiences, training in the use of media, cooperative enterprises with nearby projects, and regional and local institutes.